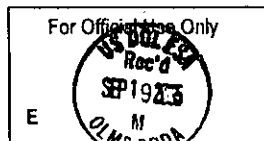


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> <b>21094</b>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> Jerry <input type="text"/> G <input type="text"/> Hovarter P.O. Box, Bldg., Room No., if any <input type="text"/> Not Applicable Street <input type="text"/> 8012 Treeline Dr. City <input type="text"/> Choctaw State <input type="text"/> Oklahoma ZIP Code + 4 <input type="text"/> 73020	4. Name, file number, and address of labor organization. Name <input type="text"/> Sheet Metal Workers Local 124 Labor Organization File Number <input type="text"/> 012-647 P.O. Box, Building and Room Number, if any <input type="text"/> Not Applicable Street <input type="text"/> 1404 NW 1st Street City <input type="text"/> Oklahoma City State <input type="text"/> Oklahoma ZIP Code + 4 <input type="text"/> 73106
5. Position in labor organization. <input type="text"/> Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Not Applicable Trade Name, if any: <input type="text"/> Not Applicable P.O. Box, Bldg., Room No., if any <input type="text"/> Not Applicable Street <input type="text"/> Not Applicable City <input type="text"/> Not Applicable State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> Not Applicable 7.b. Amount. <input type="text"/> \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On <input type="text"/> 09/12/2005	<input type="text"/> (405) 386-3245
	Date	Telephone Number

Name of Person Filing Jerry Hovarter

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SWM Local 124 JAC of Western Oklahoma

Trade Name, if any: Sheet Metal

P.O. Box, Bldg., Room No., if any P.O. Box 720143

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73172

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SWM Local 124 JAC of Western Oklahoma

Trade Name, if any: Sheet Metal

P.O. Box, Bldg., Room No., if any P.O. Box 720143

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73172

## 11.a. Nature of such dealing.

Not Applicable

## 11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Reimbursement for wall anchors and seven poster frames for the drafting/layout classroom

## 12.b. Amount.

\$85

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Not Applicable

Trade Name, if any: Not Applicable

P.O. Box, Bldg., Room No., if any Not Applicable

Street Not Applicable

City Not Applicable

State ZIP Code + 4

## 14.a. Nature of payment.

Not Applicable

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

\$0

Name of Person Filing Jerry Hovarter

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SMW Local 124 JAC of Western Oklahoma

Trade Name, if any: Sheet Metal

P.O. Box, Bldg., Room No., if any P.O. Box 720143

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73172

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMW Local 124 JAC of Western Oklahoma

Trade Name, if any: Sheet Metal

P.O. Box, Bldg., Room No., if any P.O. Box 720143

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73172

## 11.a. Nature of such dealing.

Not Applicable

11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Reimbursement for six additionl Poster frames for the drafting/layout classroom

12.b. Amount.

\$64

Name of Person Filing Jerry Hovarter

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SMW Local 124 JAC of Western Oklahoma

Trade Name, if any: Sheet Metal

P.O. Box, Bldg., Room No., if any P.O. Box 720143

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73172

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMW Local 124 JAC of Western Oklahoma

Trade Name, if any: Sheet Metal

P.O. Box, Bldg., Room No., if any P.O. Box 720143

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73172

## 11.a. Nature of such dealing.

Not Applicable

11.b. Approximate dollar value of such dealing.

\$0

## 12.a. Nature of interest held or income received.

Reimbursement for materials that was purchased for  
"Code Class"

Booklets and Paper

12.b. Amount.

\$66

September 12, 2005

U.S. Department of Labor  
ESA/OLMS, Room N-5616  
200 Constitution Avenue, NW  
Washington, DC 20210-0001

To Whom It May Concern:

This letter is in regards to the LM -30 form to which was filled out, signed, and dated the 12<sup>th</sup> day of August 2005. It has been brought to my attention that I have filled out the wrong portion of the LM – 30 form and at this time I would like to amend my original form with the attached revision.

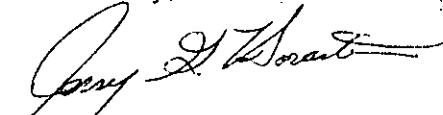
I would like to state for the record that on August 12, 2005 I did contact the Dallas office at (972) 850-2500 with questions concerning the portion that applied to my situation. I spoke to a lady by the name of Michelle on this date and was certain that Part "A" was what I needed to fill out. It has since been brought to my attention that Part "B" of the form is the section that really applies to the reimbursement of school supplies that I purchased for my class room as an instructor in our Apprenticeship Training Center.

If by chance that I have been incorrectly informed about the LM – 30 form, I would like for someone to contact me and explain what portion I should fill out. I am willing to resolve this issue and would like to have help in making sure this does not happen again.

You can contact me at the following numbers:

Home Phone (405) 386-3245  
Work Phone (405) 737-8897  
Cell Phone (405) 306-4938

Sincerely,



Jerry G. Hovarter